Adult Screening and Immunization Worksheet

2014-2015 Seasonal Influenza Vaccination Program

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Name (Please Print):	**Date of Birth:**	**Sponsor's SSN:**

Mark answers to questions 1-11:

1	Do you currently feel sick or have a fever?	☐ No	☐ Yes
2	Have you ever had a serious reaction to a flu vaccine?	☐ No	☐ Yes
3	Do you have a history of Guillain-Barre Syndrome (GBS)?	☐ No	☐ Yes
4	Do you have an allergy to any of the following: eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex or other vaccine components?	☐ No	☐ Yes
5	Are you pregnant or planning to become pregnant in the next month?	☐ No	☐ Yes
6	Are you 50 years of age or older? **(If marked Yes, skip questions 7-11)**	☐ No	☐ Yes
7	Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes) or a blood disorder?	☐ No	☐ Yes
8	Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?	☐ No	☐ Yes
9	Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?	☐ No	☐ Yes
10	Do you live with or have close contact with severely immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients?)	☐ No	☐ Yes
11	Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks? (particularly live vaccines)	☐ No	☐ Yes
	****Please scan your CAC card for electronic entry of your vaccination, if process is in place. ****		

"I have read or have had explained to me the information in the 2014-2015 Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____ Date: _____

Below to be completed by healthcare staff

☐ **Give intranasal flu vaccine today**
Vaccine Information Statement offered

☐ **Do not administer flu vaccine today**

☐ **Give injectable flu vaccine today**
Vaccine Information Statement offered

Interviewer's Signature	**Date**

Vaccine Administered

☐ **Live Attenuated Intranasal Influenza**
(FluMist, MedImmune)
Lot # _____
Dose: 0.2 ml (0.1 ml each nostril)
Route: Intranasal

☐ **Inactivated Influenza** (Fluzone, Sanofi-Pasteur)
☐ with ☐ without preservative
☐ **Inactivated Influenza** (Afluria, CSL, with preservative)
☐ **Inactivated Influenza** (Fluvirin, Novartis, preservative-free)
Lot # _____ **Left / Right Deltoid**
Dose: 0.5 ml **Route: IM**

Comments:

Administered by:	**Date**

(Secure appropriately –Destroy upon completion of electronic documentation (AHLTA, MEDPROS, etc.)